

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <i>5542</i>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <i>Alfred</i> <i>G Rootes Jr.</i>  P.O. Box, Bldg., Room No., if any  Street <i>851 Pierce Butler Route</i>  City <i>St. Paul</i>  State <i>Minnesota</i> ZIP Code + 4 <i>55104-1634</i>	4. Name, file number, and address of labor organization.  Name <i>Iron Workers Local Union #512</i>  Labor Organization File Number <i>022158</i>  P.O. Box, Building and Room Number, if any  Street <i>851 Pierce Butler Route</i>  City <i>St. Paul,</i>  State <i>Minnesota</i> ZIP Code + 4 <i>55104-1634</i>
5. Position in labor organization. <i>Assistant Training Coordinator</i>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          \$0

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <i>Alfred Rootes Jr.</i>	On <i>7/6/2005</i> Date	<i>651-489-1488</i> Telephone Number

Name of Person Filing Alfred Rootes Jr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Twin City Iron Workers App. &amp; Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 500</p> <p>Street 3001 Metro Drive</p> <p>City Bloomington,</p> <p>State Minnesota ZIP Code + 4 55425-1412</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides Apprentice Training &amp; Journeyman upgrading Services</p> <p>11.b. Approximate dollar value of such dealing. \$300,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Box lunches provided in connection with the attendance at local or regional Joint Apprenticeship Committee Trustee meetings, held on 1/28/04, 4/7/04, 8/12/04, 9/29/04 and 10/6/04 respectively.</p> <p>12.b. Amount. \$50</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$0</p>

Name of Person Filing Alfred Rootes Jr.

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Twin City Iron Workers App. & Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3001 Metro Drive, Suite 500

City Bloomington,

State Minnesota ZIP Code + 4 55425-1412

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides Apprentice Training & Journeyman upgrading services

11.b. Approximate dollar value of such dealing. \$300,000

12.a. Nature of interest held or income received.

Reception & Dinners provided in connection with attendance at Apprentice Graduation Ceremonies on 4/30/04 & 10/29/04 in St. Paul, MN.

12.b. Amount. \$104

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Nat'l. Ironworkers & Employers App. Training

Trade Name, if any: & Journeyman Upgading Fund

P.O. Box, Bldg., Room No., if any Suite 400

Street 1750 New York Avenue

City Washington,

State District of Columbia ZIP Code +4 20006

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Twin City Iron Workers App. & Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 3001 Metro Drive

City Bloomington,

State Minnesota ZIP Code +4 55425-1412

11.a. Nature of such dealing.

Provides training Programs to local JATC Instructors and Local Union employees.

11.b. Approximate dollar value of such dealing. Unknown

12.a. Nature of interest held or income received.

Per Diem expense in connection with attendance to the International Iron Workers Apprenticeship Conference and Apprentice Competition held 9/9/04 through 9/15/04 @ San Francisco, CA.

12.b. Amount.

\$560